NI ACE OF BIPTH	
ARIZONA STATE BOARD OF HEALTH	
1. County of	1115
District of BUREAU OF VITA	2020
Town of // ORIGINAL CERTIFI	ONLY OF BIRTH
or Local Registrar No	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Harold Horma	May If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate; 7. Date	
Male in event of plural 5. No., in order of birth,	of birth au, 7- 17 d. 5. Nobth Day Year
8. FATHER	14. MOTHER
Full name Harold Sylvester May	Full maiden name Edna Belle Wowling
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami.
If non-resident, give place and state.	If non-resident, give place and state. Uris.
10. Color or race	16 Color or race
(Years)	Cauc. 17. Age at last birthday 24 (Years)
Bilee	manta at
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of industry	Nature of industry
20. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against oph-	
(Taken as of time of birth of child herein (b) Born alive but now dead thaims neonatorum?	
certified and including this child.) (c) Stillborn	
I have by corridor that I attended the hirth of this child, who was	
SWhen there was no attending physician) our same 2000	Boro alive of stillborn M. L.D.
or midwife, then the father, householder, etc., should make this return. A stillborn	(Physician - midwife).
child is one that neither breathes nor shows other evidence of life after birth.	uami, winona
Given name added from a supplemental report Filed Jaw 10, 1975 Meson Drayfor	
Month, day, year	
Registrar File 1923 - 5, & County Registrar.	
940-100 01/2	
070 107-34/	
A CONTRACT OF THE PARTY OF THE	

ARATE RETURN must be made for each, and thembor of caching in order of birth stated.

Õ